PCG Public Partnerships
Supporting Choice. Managing Costs.™

West Virginia Personal Options
Aged and Disabled Waiver Program
INITIAL TRAINING VERIFICATION FORM

All Personal Options employees must complete all of the following areas before providing services for payment.

- Cardiopulmonary Resuscitation (CPR) and First Aid – a copy of the CPR and First Aid cards must be submitted to PPL and must be maintained current (no gaps in between) as defined by the terms of the certifying agency
  - *CPR: Must be provided by a certified trainer from the American Heart Association, American Red Cross, American Health and Safety Institute, American CPR, National Safety Council, and Emergency Care and Safety Institute. Skills must be demonstrated in person.*
  - *First Aid: Must be provided by an agency nurse, a certified trainer, or a qualified internet provider.*
- Universal Precautions (OSHA): material is provided in PPL Initial Training packet
- Personal Attendant Skills: training on assisting people with Activities of Daily Living (ADL's). Under Personal Options, your participant is your Employer. Your participant will be responsible for providing Personal Attendant Skills training specific to their needs addressed in their Service Plan.
- Abuse/Neglect/Exploitation Identification: material is provided in PPL Initial Training packet
- HIPAA: material is provided in PPL Initial Training packet
- Direct Care Ethics: training on ethics such as promoting physical and emotional well-being, respect, integrity and responsibility, justice, fairness and equity. Material is provided in PPL Initial Training packet.
- Health and Welfare for Person Receiving Services: include emergency plan response, fall prevention, home safety and risk management. Material is provided in PPL Initial Training packet
- Person-Centered Planning: material is provided in PPL Initial Training packet

Training Topic	Start Time	Stop Time	Duration	Location of Training	Source
Universal Precautions (OSHA)					PPL Training Packet (page 6)
Personal Attendant Skills					PPL Training Packet (page 11) and On-the-job training
Abuse/Neglect/ Exploitation Identification					PPL Training Packet (page 20)
HIPAA					PPL Training Packet (page 24)
Direct Care Ethics					PPL Training Packet (page 26)
Health and Welfare for Person Receiving Services					PPL Training Packet (page 30)
Person-Centered Planning					PPL Training Packet (page 35)

By signing below, the participant (or their representative) confirmed that the training topics above were provided to the employee listed below, and that he/she has completed those training topics.

Participant Name **Participant or Representative Signature** **Date**

Employee Name **Employee Signature** **Date**

Resource Consultant Name: _____

Please submit the completed test and verification form to your Resource Consultant or fax it to 304-296-1932 11/1/2016